



THE MCKENZIE INSTITUTE UPPER EXTREMITIES ASSESSMENT

Date _____

Name _____ Gender _____

Address _____

Telephone _____

Date of Birth _____ Age _____

Referral: GP / Orth / Self / Other _____

Work demands _____

Leisure activities _____

Functional limitation for present episode _____

Outcome / Screening score _____

NPRS (0-10) _____

Present symptoms _____

Present since _____ improving / unchanging / worsening

Commenced as a result of _____ no apparent reason

Symptoms at onset _____

Spinal history _____

Constant symptoms: _____ Intermittent symptoms: _____

Worse bending sitting turning neck dressing reaching gripping
am / as the day progresses / pm when still / on the move Sleeping: prone / sup / side R / L
Other _____

Better bending sitting turning neck dressing reaching gripping
am / as the day progresses / pm when still / on the move Sleeping: prone / sup / side R / L
other _____

Continued use makes the pain: better worse no effect Disturbed sleep yes / no

Pain at rest yes / no Site: neck / shoulder / elbow / wrist / hand

Other Questions: swelling catching / clicking / locking subluxing

Previous history _____

Previous treatments _____

Medications _____

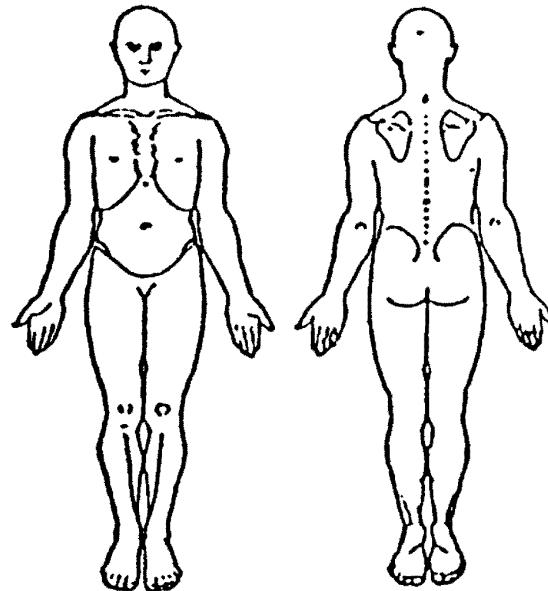
General health / Comorbidities: _____

Recent / relevant surgery: yes / no _____

History of cancer: yes / no _____ Unexplained weight loss: yes / no _____

History of trauma: yes / no _____ Imaging: yes / no _____

Patient goals / expectations _____



Handedness: Right / Left

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EXAMINATION

POSTURAL OBSERVATION

Sitting: *erect / neutral / slump* Change of posture: *better / worse / no effect*

Other observations: _____

NEUROLOGICAL: NA / motor / sensory / reflexes / neurodynamic _____

BASELINES: Pain and functional activity _____

EXTREMITIES shoulder / elbow / wrist / hand _____

| MOVEMENT LOSS | Maj | Mod | Min | Nil | Symptoms |
|---------------|-----|-----|-----|-----|----------|
| Flexion | | | | | |
| Extension | | | | | |
| Supination | | | | | |
| Pronation | | | | | |
| Other: | | | | | |

| | Maj | Mod | Min | Nil | Symptoms |
|------------------------------|-----|-----|-----|-----|----------|
| Adduction / Ulnar Deviation | | | | | |
| Abduction / Radial Deviation | | | | | |
| Internal Rotation | | | | | |
| External Rotation | | | | | |
| Other: | | | | | |

Passive Movement: note symptoms, range and +/- over pressure: _____

PDM ERP

Resisted test pain response _____

Other tests / static positioning _____

SPINE

Movement Loss _____

Effect of repeated movements _____

Effect of static positioning _____

Spine testing *not relevant / relevant / secondary problem* _____

Baseline Symptoms _____

| Repeated Tests | Symptomatic Response | | Mechanical Response | |
|--|---|------------------------------|--|-----------|
| | During | After | Effect ↑ or ↓ ROM, strength or key functional test | No Effect |
| Active / Passive movement, resisted test, functional test | Produce, Abolish, Increase, Decrease, NE | Better, Worse, NB, NW, NE | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

PROVISIONAL CLASSIFICATION

Extremities

Spine

Derangement _____

Directional Preference _____

Dysfunction: Articular / Contractile _____

Postural OTHER subgroup: _____

POTENTIAL DRIVERS OF PAIN AND / OR DISABILITY

Comorbidities

Cognitive - Emotional

Contextual

Descriptions: _____

PRINCIPLES OF MANAGEMENT

Education _____

Exercise type _____ Frequency _____

Other exercises / interventions _____

Management goals _____

Signature _____